

RE: Macomb Parks & Recreation Liability Waiver/Indemnification Agreement

Please sign and return the Macomb Parks & Recreation Aquatic Center Liability Waiver/Indemnification Agreement below for your child(ren) to attend the Chippewa Valley Schools Summer Camp Swim Field Trip(s).



Field Trip
20699 Macomb St.
Macomb MI 48042
586.992.2900
Parks-rec@macomb-mi.gov

Liability Waiver/Indemnification Agreement PLEASE NOTE: This agreement serves as the Liability Waiver for ALL guests listed on this Guest sheet

I have received, read, understood, and agree to comply with the Macomb Township Recreation Center's rules and regulations on the use of the aquatic center and facility. I hereby fully release and discharge the Township of Macomb and its employees from any and all claims from injuries, including death, damage or loss, which may arise or which may be alleged to have arisen out of, or in connection with the above meeting in the Macomb Township Community Center.

I further agree to indemnify and hold harmless and defend the Township of Macomb and its employees from any and all claims resulting from injuries, including death, damage or loss, including, but not limited to the general public, which may arise or may be alleged to have arisen out of, or in connection with the above meeting in the Macomb Township Recreation Center.

Children(s) name: _____

Parent Signature: _____

Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp		
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	6-19-25		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.					
Activity Name	Bowling	Destination of Trip	Five Star Bowling		
Destination Phone	586-939-2550	Student Cost	22	Chaperone Cost	N/A
Transportation	Chippewa Valley Schools bus	Food Provision	Pizza lunch & pop		
Departure Location	Cherokee Elementary School	Departure Time	9:00 am		
Return Location	Cherokee Elementary School	Return Time	1:00 pm		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.

Student Name	<input type="text"/>	Address	<input type="text"/>		
Parent/Guardian(s)	<input type="text"/>	Parent/Guardian Phone	<input type="text"/>		
Secondary Contact	<input type="text"/>	Secondary Phone	<input type="text"/>		
Emergency Phone	<input type="text"/>	Date(s) of Trip	6-19-25		
Activity Name	Bowling	Destination of Trip	Five Star Bowling		
Destination Phone	586-939-2550	Student Cost	22	Chaperone Cost	N/A
Food Provision	Pizza lunch & pop	Transportation	Chippewa Valley Schools bus		
Departure Location	Cherokee Elementary School	Departure Time	9:00 am		
Return Location	Cherokee Elementary School	Return Time	1:00 pm		

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:
☐ _____

If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

☐ My child will not be participating in the above activity.

Parent Signature	<input type="text"/>	Date	<input type="text"/>
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Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp		
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	6-23-25		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.					
Activity Name	Macomb Twp Aquatic Center Swimming	Destination of Trip	20699 Macomb St, Macomb,		
Destination Phone	(586)992-2900	Student Cost	15	Chaperone Cost	N/A
Transportation	Chippewa Valley Schools bus	Food Provision	None		
Departure Location	Cherokee Elementary School	Departure Time	11:30 am		
Return Location	Cherokee Elementary School	Return Time	3:00 pm		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.

Student Name	<input checked="" type="checkbox"/>	Address	<input checked="" type="checkbox"/>
Parent/Guardian(s)	<input checked="" type="checkbox"/>	Parent/Guardian Phone	<input checked="" type="checkbox"/>
Secondary Contact	<input checked="" type="checkbox"/>	Secondary Phone	<input checked="" type="checkbox"/>
Emergency Phone	<input checked="" type="checkbox"/>	Date(s) of Trip	6-23-25
Activity Name	Macomb Twp Aquatic Center Swim	Destination of Trip	20699 Macomb St, Macomb, MI 48
Destination Phone	(586)-992-2900	Student Cost	15
Food Provision	none	Transportation	Chippewa Valley Schools bus
Departure Location	Cherokee Elementary School	Departure Time	11:30 am
Return Location	Cherokee Elementary School	Return Time	3:00 pm

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
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- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:
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☐ My child will not be participating in the above activity.

Parent Signature	<input checked="" type="checkbox"/>	Date	<input checked="" type="checkbox"/>
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Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp	
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	6-26-25	
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.				
Activity Name	AMC Gratiot Theatre to view Elio	Destination of Trip	35705 Gratiot Ave, Clinton Twp. 48035	
Destination Phone	586-891-2095	Student Cost	22	Chaperone Cost N/A
Transportation	Chippewa Valley Schools bus	Food Provision	Popcorn, fruit snack & pop	
Departure Location	Cherokee Elementary School	Departure Time	9:00 am	
Return Location	Cherokee Elementary School	Return Time	12:30 pm	

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.



Student Name	<input type="checkbox"/>	Address	<input type="checkbox"/>
Parent/Guardian(s)	<input type="checkbox"/>	Parent/Guardian Phone	<input type="checkbox"/>
Secondary Contact	<input type="checkbox"/>	Secondary Phone	<input type="checkbox"/>
Emergency Phone	<input type="checkbox"/>	Date(s) of Trip	6-26-25
Activity Name	AMC Gratiot Theatre to view Elio	Destination of Trip	35705 Gratiot Ave, Clinton Twp. MI
Destination Phone	586-891-2095	Student Cost	22 Chaperone Cost N/A
Food Provision	Popcorn, fruit snack & pop	Transportation	Chippewa Valley Schools bus
Departure Location	Cherokee Elementary School	Departure Time	9:00 am
Return Location	Cherokee Elementary School	Return Time	12:30 pm

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:
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If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

☐ My child will not be participating in the above activity.

Parent Signature	<input type="checkbox"/>	Date	<input type="checkbox"/>
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Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp		
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	7-9-25		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.					
Activity Name	Macomb Twp Aquatic Center Swimming	Destination of Trip	20699 Macomb St, Macomb,		
Destination Phone	(586)992-2900	Student Cost	15	Chaperone Cost	N/A
Transportation	Chippewa Valley Schools bus	Food Provision	None		
Departure Location	Cherokee Elementary School	Departure Time	11:30 am		
Return Location	Cherokee Elementary School	Return Time	3:00 pm		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.

Student Name	<input checked="" type="checkbox"/>	Address	<input checked="" type="checkbox"/>
Parent/Guardian(s)	<input checked="" type="checkbox"/>	Parent/Guardian Phone	<input checked="" type="checkbox"/>
Secondary Contact	<input checked="" type="checkbox"/>	Secondary Phone	<input checked="" type="checkbox"/>
Emergency Phone	<input checked="" type="checkbox"/>	Date(s) of Trip	7-9-25
Activity Name	Macomb Twp Aquatic Center Swim	Destination of Trip	20699 Macomb St, Macomb, MI 48
Destination Phone	(586)-992-2900	Student Cost	15
Food Provision	none	Transportation	Chippewa Valley Schools bus
Departure Location	Cherokee Elementary School	Departure Time	11:30 am
Return Location	Cherokee Elementary School	Return Time	3:00 pm

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
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- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:
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☐ My child will not be participating in the above activity.

Parent Signature	<input checked="" type="checkbox"/>	Date	<input checked="" type="checkbox"/>
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Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp		
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	7-10-25		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.					
Activity Name	Westview Orchards	Destination of Trip	65075 VanDyke, Washington		
Destination Phone	(586)752-3123	Student Cost	22	Chaperone Cost	N/A
Transportation	Chippewa Valley Schools bus	Food Provision	Bring bag lunch from home Includes donut and juice		
Departure Location	Cherokee Elementary School	Departure Time	9:00 am		
Return Location	Cherokee Elementary School	Return Time	1:30 pm		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.

Student Name	<input type="text"/>	Address	<input type="text"/>		
Parent/Guardian(s)	<input type="text"/>	Parent/Guardian Phone	<input type="text"/>		
Secondary Contact	<input type="text"/>	Secondary Phone	<input type="text"/>		
Emergency Phone	<input type="text"/>	Date(s) of Trip	7-10-25		
Activity Name		Destination of Trip	65075 VanDyke, Washington		
Destination Phone	(586)-752-3123	Student Cost	22	Chaperone Cost	N/A
Food Provision	Bring bag lunch from home Includes donut and juice	Transportation	Chippewa Valley Schools bus		
Departure Location	Cherokee Elementary School	Departure Time	9:00 am		
Return Location	Cherokee Elementary School	Return Time	1:30 pm		

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
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- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
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If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

☐ My child will not be participating in the above activity.

Parent Signature	<input type="text"/>	Date	<input type="text"/>
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Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp		
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	7-16-25		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.					
Activity Name	Macomb Twp Aquatic Center Swimming	Destination of Trip	20699 Macomb St, Macomb,		
Destination Phone	(586)992-2900	Student Cost	15	Chaperone Cost	N/A
Transportation	Chippewa Valley Schools bus	Food Provision	None		
Departure Location	Cherokee Elementary School	Departure Time	11:30 am		
Return Location	Cherokee Elementary School	Return Time	3:00 pm		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.

Student Name	<input checked="" type="checkbox"/>	Address	<input checked="" type="checkbox"/>
Parent/Guardian(s)	<input checked="" type="checkbox"/>	Parent/Guardian Phone	<input checked="" type="checkbox"/>
Secondary Contact	<input checked="" type="checkbox"/>	Secondary Phone	<input checked="" type="checkbox"/>
Emergency Phone	<input checked="" type="checkbox"/>	Date(s) of Trip	7-16-25
Activity Name	Macomb Twp Aquatic Center Swim	Destination of Trip	20699 Macomb St, Macomb, MI 48
Destination Phone	(586)-992-2900	Student Cost	15
Food Provision	none	Transportation	Chippewa Valley Schools bus
Departure Location	Cherokee Elementary School	Departure Time	11:30 am
Return Location	Cherokee Elementary School	Return Time	3:00 pm

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:
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☐ My child will not be participating in the above activity.

Parent Signature	<input checked="" type="checkbox"/>	Date	<input checked="" type="checkbox"/>
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Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp	
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	7-17-25	
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.				
Activity Name	Zap Zone	Destination of Trip	43680 VanDyke, Sterling Heights, M	
Destination Phone	(586)323-0030	Student Cost	24	Chaperone Cost N/A
Transportation	Chippewa Valley Schools bus	Food Provision	Bring bag lunch from home	
Departure Location	Cherokee Elementary School	Departure Time	9:00 am	
Return Location	Cherokee Elementary School	Return Time	1:00 pm	

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.

Student Name	<input type="text"/>	Address	<input type="text"/>	
Parent/Guardian(s)	<input type="text"/>	Parent/Guardian Phone	<input type="text"/>	
Secondary Contact	<input type="text"/>	Secondary Phone	<input type="text"/>	
Emergency Phone	<input type="text"/>	Date(s) of Trip	7-17-25	
Activity Name	Zap Zone	Destination of Trip	43680 VanDyke, Sterling Heights, M	
Destination Phone	(586)323-0030	Student Cost	24	Chaperone Cost N/A
Food Provision	Bring bag lunch from home	Transportation	Chippewa Valley Schools bus	
Departure Location	Cherokee Elementary School	Departure Time	9:00 am	
Return Location	Cherokee Elementary School	Return Time	1:00 pm	

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
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☐ My child will not be participating in the above activity.

Parent Signature	<input type="text"/>	Date	<input type="text"/>
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Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp		
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	7-23-25		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.					
Activity Name	Macomb Twp Aquatic Center Swimming	Destination of Trip	20699 Macomb St, Macomb,		
Destination Phone	(586)992-2900	Student Cost	15	Chaperone Cost	N/A
Transportation	Chippewa Valley Schools bus	Food Provision	None		
Departure Location	Cherokee Elementary School	Departure Time	11:30 am		
Return Location	Cherokee Elementary School	Return Time	3:00 pm		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.

Student Name	<input checked="" type="checkbox"/>	Address	<input checked="" type="checkbox"/>
Parent/Guardian(s)	<input checked="" type="checkbox"/>	Parent/Guardian Phone	<input checked="" type="checkbox"/>
Secondary Contact	<input checked="" type="checkbox"/>	Secondary Phone	<input checked="" type="checkbox"/>
Emergency Phone	<input checked="" type="checkbox"/>	Date(s) of Trip	7-23-25
Activity Name	Macomb Twp Aquatic Center Swim	Destination of Trip	20699 Macomb St, Macomb, MI 48
Destination Phone	(586)-992-2900	Student Cost	15
Food Provision	none	Transportation	Chippewa Valley Schools bus
Departure Location	Cherokee Elementary School	Departure Time	11:30 am
Return Location	Cherokee Elementary School	Return Time	3:00 pm

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- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
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☐ My child will not be participating in the above activity.

Parent Signature	<input checked="" type="checkbox"/>	Date	<input checked="" type="checkbox"/>
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Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp	
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	7-24-25	
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.				
Activity Name	Clinton Township Splash Pad/Park & lunch	Destination of Trip	40700 Romeo Plank, Clinton 48038	
Destination Phone	(586)286-9336	Student Cost	15	Chaperone Cost N/A
Transportation	Chippewa Valley Schools bus	Food Provision	Sub, drink chips cookie	
Departure Location	Cherokee Elementary School	Departure Time	10:00 am	
Return Location	Cherokee Elementary School	Return Time	1:30 pm	

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.



Student Name	<input type="text"/>	Address	<input type="text"/>	
Parent/Guardian(s)	<input type="text"/>	Parent/Guardian Phone	<input type="text"/>	
Secondary Contact	<input type="text"/>	Secondary Phone	<input type="text"/>	
Emergency Phone	<input type="text"/>	Date(s) of Trip	7-24-25	
Activity Name	Clinton Township Splash Pad/Park	Destination of Trip	40700 Romeo Plank, Clinton Twp.,	
Destination Phone	(586)286-9336	Student Cost	15	Chaperone Cost N/A
Food Provision	Sub, drink chips cookie	Transportation	Chippewa Valley Schools bus	
Departure Location	Cherokee Elementary School	Departure Time	10:00 am	
Return Location	Cherokee Elementary School	Return Time	1:30 pm	

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
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☐ My child will not be participating in the above activity.

Parent Signature	<input type="text"/>	Date	<input type="text"/>
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Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp		
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	7-30-25		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.					
Activity Name	Macomb Twp Aquatic Center Swimming	Destination of Trip	20699 Macomb St, Macomb,		
Destination Phone	(586)992-2900	Student Cost	15	Chaperone Cost	N/A
Transportation	Chippewa Valley Schools bus	Food Provision	None		
Departure Location	Cherokee Elementary School	Departure Time	11:30 am		
Return Location	Cherokee Elementary School	Return Time	3:00 pm		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.

Student Name	<input checked="" type="checkbox"/>	Address	<input checked="" type="checkbox"/>
Parent/Guardian(s)	<input checked="" type="checkbox"/>	Parent/Guardian Phone	<input checked="" type="checkbox"/>
Secondary Contact	<input checked="" type="checkbox"/>	Secondary Phone	<input checked="" type="checkbox"/>
Emergency Phone	<input checked="" type="checkbox"/>	Date(s) of Trip	7-30-25
Activity Name	Macomb Twp Aquatic Center Swim	Destination of Trip	20699 Macomb St, Macomb, MI 48
Destination Phone	(586)-992-2900	Student Cost	15
Food Provision	none	Transportation	Chippewa Valley Schools bus
Departure Location	Cherokee Elementary School	Departure Time	11:30 am
Return Location	Cherokee Elementary School	Return Time	3:00 pm

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Parent Signature	<input checked="" type="checkbox"/>	Date	<input checked="" type="checkbox"/>
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Parent Permission Form for a Field Trip

Student		School	Cherokee Summer Camp		
Teacher/Sponsor	Debbie Titran	Date(s) of Trip	7-31-25		
A field trip is planned for your child as indicated below. Field trips require parent approval and information needed in the emergency.					
Activity Name	Burgess-Shadbush Nature Center & Erma's	Destination of Trip	4101 River Bends Dr, Shelby		
Destination Phone	(586)731-0300	Student Cost	22	Chaperone Cost	N/A
Transportation	Chippewa Valley Schools bus	Food Provision	Bring bag lunch from home frozen custard at Erma's		
Departure Location	Cherokee Elementary School	Departure Time	7:15 am		
Return Location	Cherokee Elementary School	Return Time	1:30 pm		

Please complete, sign and return the lower portion of this permission slip. Retain upper portion for your records.

Student Name	<input type="text"/>	Address	<input type="text"/>		
Parent/Guardian(s)	<input type="text"/>	Parent/Guardian Phone	<input type="text"/>		
Secondary Contact	<input type="text"/>	Secondary Phone	<input type="text"/>		
Emergency Phone	<input type="text"/>	Date(s) of Trip	7-31-25		
Activity Name	Burgess-Shadbush Nature Center & Erma's	Destination of Trip	4101 River Bends Dr, Shelby Twp.,		
Destination Phone	(586)731-0300	Student Cost	22	Chaperone Cost	N/A
Food Provision	Bring bag lunch from home frozen custard at Erma's	Transportation	Chippewa Valley Schools bus		
Departure Location	Cherokee Elementary School	Departure Time	7:15 am		
Return Location	Cherokee Elementary School	Return Time	1:30 pm		

- I hereby give my child permission to participate in the above named field trip activity and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student code of conduct.
- All students must travel according to the mode indicated above unless a special arrangement is made between the parent/ guardian and the teacher/coach/sponsor/trip leader.
- When the mode of transportation is that of a privately owned vehicle, the driver must have completed and have principal approval on the Chippewa Valley Schools Acknowledgement Form for Drivers of Private Vehicles.
- For this student to participate in this activity, parent/guardian must have given permission to participate. Also, this form must be in the possession of the teacher/coach/sponsor by a specified date and from departure to return from this activity.
- In the case of a program cancellation, there is the possibility that fees paid may not be refunded unless there is program insurance coverage.
- Any limiting physical or medical condition(s) or medications that the sponsors of this trip/activity need to accommodate should be noted here:
☐ _____

If, as a parent or guardian, you do not grant permission for participation in the above activity, please check and sign below. In this case, the child will be given related schoolwork to do in the school.

☐ My child will not be participating in the above activity.

Parent Signature	<input type="text"/>	Date	<input type="text"/>
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